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MISCELLANEOUS.

Hot Water to the Eye.

BY JOHN E. MINNEY, A.M., M.D., TOPEKA.

The use of hot water in the treatment of many diseases is an established therapeutic remedy. It is used internally and externally. It is used in acute and chronic diseases. It is used as a hemostatic, and to favor hemorrhage. It is used to relieve shock. Its use favors the reparative and the destructive tissue process, or anabolism and katabolism. How it does this is not definitely known, but the effect is produced by the heat in connection with the moisture. Dry heat is valuable, but moisture added makes the heat of greater therapeutic range. The probability is that the tissues being composed of water principally (seven-tenths) and the cell life depending so largely upon water for its food, that the reparative process can be carried on only in the presence of a certain quantity of water, and when the amount of water is reduced below the minimum death of the cell takes place by starvation. But it matters not what the theory is, the fact remains that hot water has no superior in therapy. However, it is the use of hot water in the treatment of eye diseases, more particularly, and the method of using it and the length of time it should be applied, that we desire to call attention.

For surely an agent that can produce such results for good can produce evil effects if wrongly used.

The Method.—The best method of applying hot water to the eye is with the douche or siphon. As a rule it is not necessary to apply the water to the globe of the eye, but to the closed lids over the seat of injury or inflammatory trouble. This application should be made by the physician himself or a trained assistant until the proper dosage is learned. By the application of the water in this way there is no danger of injuring or bruising the eye as there is by the patient or assistant applying hot cloths to the eye. Again there is no danger of poulticing the eye like there is in using hot cloths, for when they are left on too long they act as a poultice. There is no danger of infection for the water has been boiled and let cool to such a temperature as the patient can endure it. It can be applied to the part more accurately than with cloths, and in disease of the globe with less danger than the eye-cup.

The length of time the hot water should be applied is from five to fifteen minutes (with few exceptions) according to the effect. Should the pain be not relieved or eased after a sitting of the time mentioned, the hot water is not indicated. Within a few minutes after relief follows the use of the hot water it should be withheld, for like any other agent it can be overdone. When too long applied the reaction is interfered with and the best results are not obtained, and injury may be done.

Respecting the frequency of the irrigation, from two hours to twice a day is sufficient. In some cases once a day will be often enough.

The amount of water varies from one-half to two gallons at a sitting and according to the size of the tube used.

A good irrigation plant is easily made from five or six feet of ⅛-inch rubber tubing and a tin bucket or granite iron kettle. The vessel with the previously boiled and now hot water in it should be elevated from

six inches to two feet above the eye to be irrigated, and the tube placed to siphon the water onto the affected part. After thus douching, the parts should be dried and the local applications made. Agents are much better absorbed by the skin and tissues after being flushed with the hot water than before. A pan should be held under the chin of the patient to catch the water as it flows from the eye.

The position of the patient is of importance in applying hot water to the eye. The head should not be leaned over a vessel, as is often the case. It interferes with the return blood from the brain and eye and causes more or less congestion by pressure on the soft-walled veins. In chronic cases of eye disease where there is no pain the patient may use the douche himself, but in acute cases an attendant should apply the water, for the physical exercise necessary to apply the water to the eye may prove injurious.

After thus douching the eye the patient should remain quiet for a time and not go out in the open air or sit in a draught. Should they go out, especially in cold weather, the eye should be protected by a shade. Bandaging an eye in iritis, conjunctivitis, and laceration of the cornea, unless there is danger in the latter case of perforation, as a rule is injurious. In fact, in a large percentage of eye diseases, bandaging the eye is hurtful to it.

From the foregoing remarks we come to the following conclusions:

1. That hot water is one of the best therapeutic agents, and has a wide range of application.

2. That it is indispensable in the treatment of disease of the eye.

3. Like any other valuable agent it must be used properly to get the best results.

4. That its indiscriminate use may be injurious.

5. That there is a dosage and a limit to the time it should be used, and the frequency.

6. The indication for its use is when it relieves pain or produces a soothing effect upon the eye, a sensation of relief or well-being.

7. When it causes pain at the time of using it, and especially after its use, it is contraindicated.

8. The temperature of the water used should be as hot as the patient can at all comfortably endure it.

Proceedings of Topeka Academy of Medicine and Surgery.

REPORTED BY MARY V. CHURCH, M.D., SECRETARY.

The regular meeting of the Academy of Medicine and Surgery was held in A. O. U. W. Hall, August 12, 1895. The meeting was called to order by the president. The minutes of the May, June and July meetings approved and accepted.

Dr. Ward reported two cases of dermoid cysts:

"There is nothing especially interesting in dermoid cysts of the ovary except the rarity of them. There is no known pathology or etiology.

"I report these two cases of dermoid cysts more especially on account of the mistaken diagnosis before operation. Dermoid cysts of the ovary form 3 per cent. of cystic tumors of the pelvis.

"Last year I reported a case, the largest I ever heard of, the cyst weighing 30 pounds and contained over 2 gallons. The pathology is obscure and no two men agree on that subject. My own judgment is that they are embryonic from the blastoderm. I cannot account for the fact that they are more common in unmarried women than in married.

"Case 1.—Miss M. C. came to me in May. Her case had been diagnosed fibroid tumor. She went to my hospital. Dr. Murphy, of Chicago, assisted in making a hasty examination. The vagina soft and patulous, etc., and I unguardedly pronounced her pregnant. She indignantly denied all possibility of such a thing. On second examination the next day I concluded that it must be a fibroid and not a pregnancy. Hysterectomy advised and accepted, and everything was prepared for an extra peritoneal

operation. Even after abdomen was opened I still thought it was a fibroid, but in a very few moments it proved to be an ovarian tumor with short pedicle. The left ovary was removed entire. The wound closed in the usual manner and recovery normal. I was chagrined to find I could not diagnose fibroid from dermoid cyst, but find that the best diagnosticians are apt to make this mistake.

"Second case was of an unmarried woman whose case had been diagnosed as probably a floating kidney. When she came to me I told her she had an ovarian tumor of some kind, probably dermoid.

"The abdomen was opened and the tumor delivered. The tumor was found unattached, but with a very short pedicle. Patient returned home with some vesical irritation, but otherwise about well. The right ovary, in this case, was found to be a large hæmatoma."

The report was accepted and the subject open for discussion.

Dr. McVey: I am not posted in the histology of the case. The etiology of all tumors are embryonic, both benign and malignant. The embryonic cells are in the mesoblast and hypoblast. Tumors appear at different ages. In women usually during the activity of the generative organs. There is necessarily loss of resistance in the tissues. The cells are latent and may be so all through life. If the resistance gives way, tumors have a chance to form. When a tumor forms there is alteration in the matrix of the embryonal cells. Graft a malignant tumor on healthy tissue and it will not grow, but graft a benign tumor and it probably will grow. No tumor could be formed if not for the embryonic cells.

Dr. Sheldon: Dr. McVey says that malignant growths occur in adult life but sarcoma occurs in children. Just one week ago I saw a child less than one year old who had sarcoma of the entire leg. In regard to mistaken diagnosis, all will make mistakes. We may know that a growth requires removal, but to tell whether a tumor is fibroid, dermoid or cystic before removal is often very hard. In the main he was right. I congratulate Dr. Ward on the success of his operations. It is claimed that electricity and other means are good, but the knife must be used later.

Dr. McVey: I meant to except sarcoma from the statement I made before.

Dr. Mitchell next reported a case of laudanum poisoning.

"This was simply a case of a man taking too much and he died. An ounce bottle containing a few drops of laudanum which had been purchased the afternoon before was found on his person. It is unknown how often this may have been refilled. He was found about noon in state of coma, contracted pupils, in fact having all the symptoms of opium poisoning. Morphine is more speedy than the liquid preparations of opium. In opium poisoning the depression is not so profound as in morphine poisoning. An ounce of laudanum contains enough opium to make the conditions dangerous if not fatal. It is a very dangerous practice to give children laudanum. Many families are in the habit of giving laudanum recklessly to children. Given by the mouth the effect is slow, by the rectum more rapid, and hypodermically still more rapid. In this case I was called about 1 P.M., the man having been under the influence of the laudanum from 4 P.M. the previous day until 1 P.M. the next. I gave a hypodermic of Apomorphia gr. 1-10 at a dose without effect. He was so far gone that the nerve centers were paralyzed. I then gave a hypodermic of atropia gr. 1-50, and repeated in 15 minutes. Also gave strychnia, then permanganate of potassium. Whether there was any effect from the last drug I do not know. I gave gr. ss hypodermically and repeated until 4 or 5 had been given. The indications in opium poisoning are first clear out the stomach, and second stimulants. After a time there was a partial restoration of breathing. And he lived until 2 A.M., about 13 hours after I was called. We tried artificial respiration, but there was a sudden hemorrhage from the nose and mouth from which he died.

Post mortem showed the left pulmonary artery ruptured, the left lung engorged and

the right lung partially so.

The report was received and open for discussion.

Dr. Munn: Atropia should be given until you get an effect. Strychnia was given in too small doses; give gr. 1-10 to begin with and repeat. I believe it would not kill.

Dr. Ward: When opium has been taken long enough to have been absorbed the thing to do is to keep up motion. When the patient is so limp that he can't stand torment him in different ways until you get some reaction. Give strong coffee repeatedly. Strychnia all that you please. I suppose we ought to let them die when they want to so badly, but we lose our reputations if we do.

Dr. Munn: Some cases that I have had have lived six days, but all finally died from the effects. The number of respirations was not given in Dr. Mitchell's case. I have been in the habit of judging the degree of poisoning by the number of respirations.

Dr. Peers: I had a case of laudanum poisoning not long ago. A young colored man was found with a two-ounce bottle about two-thirds full of laudanum. I arrived about three-quarters of an hour after he had taken it. He was then asleep, but could be roused and could stand a little. We got him up and he was not allowed to lie down; we gave him quantities of coffee and hot water, and a hypodermic of apomorphia gr. 3-20. Before I came he had been given mustard, salt and water, and coal-oil. The stomach was emptied all right and he recovered. In regard to strychnia, in a dog given morphia strychnia can be given ad lib. without danger, and I believe it is the same in a man.

Dr. McVey: All narcotics act upon the respiratory centers and we then have an increase of carbonic acid in the system. When a patient can be made to walk around and drink coffee he will probably get well. But when they are beyond that use artificial respiration. It sometimes is used with great success. Which kills, morphine or the strychnia? Coffee is better than strychnia, at least as good.

Dr. Minney: Watch carefully for the physiological effects of atropia, strychnia, etc. Is hemorrhage not caused by excessive use of strychnia?

Dr. Frankenburger: Doesn't the strong Faradic battery do good?

Dr. McVey: Yes, that is good, I've tried it; but artificial respiration is better.

Dr. Mitchell: Thanks; I accept the suggestions and criticisms. The respirations in this case were from 6 to 8; under the influence of our efforts breathing was increased to 12-14, until the hemorrhage occurred. Strychnia should be used guardedly; it is dangerous. If small doses frequently repeated doesn't give effect, large doses will not. Be on your guard in giving large doses.

Dr. Ward: I have given strychnia gr. 1-10 every one-half hour repeatedly without ill results.

Dr. Munn: I have given strychnia gr. 1-10 every half hour for eight hours with recovery.

Dr. McVey: Strychnia gr. 1-120 is a maximum dose, repeated every hour, no oftener.

Dr. Munn: The man who gives drugs by dosage is no good. Give for the effect.

Dr. McVey: I saw a friend die from strychnia convulsions caused by strychnia gr. 1-30, given every four hours.

Dr. Mitchell's report closed and the Academy open to discuss strychnia.

Dr. Ward: I use strychnia ad libitum, according to symptoms. I never expect to see a patient die from 1-30 of a grain.

Dr. Sheldon: I think Dr. Mitchell should be commended for use of strychnia. He gave it in small doses and watched; what more do you want? We are liable to give too large doses.

Dr. Lindsay: I move that the sense of the Academy is that strychnia should be given according to effect upon respiration per minute regardless of the dose, and repeat in fifteen minutes if necessary. Seconded and carried.

Dr. Minney next read a paper, "The Use of Hot Water in Eye Disease." (See first page.)

Accepted and open to discussion.

Dr. Ward: There must be danger in using hot water indiscriminately, but I always use it myself; but in my own family it was not used. I should use it after having it sterilized by boiling.

Dr. Mitchell: It is difficult to tell whether hot or cold water is proper to use in certain inflammatory cases. Hot water relaxes and relieves pain, also increases the circulation. Cold water also relieves pain and excessive heat. I think you will have to decide by the preference.

Dr. Lindsay: In my eye cases I have used both hot and cold water. Where hot water is used once or twice a day cold water should also be used. The secondary effect on the circulation is good. I have used cold water per rectum for restlessness from nocturnal emissions by the irrigation method described in the New York *Medical Record*. It might be of service in enlarged prostate. It is also largely used in hospitals for hæmorrhoids with quite curative effects.

Dr. Sheldon: The object of the paper is indefinite. Hot water should be used with a definite object in view, to aid repair or inhibit it. What is the effect as described by Dr. Minney? First, dilation of capillaries; second, contraction. First you have a condition for reparatative process; by longer application you get an inhibitory effect. Cold water does not give the same results. Use it intelligently or not at all.

Dr. Lindsay: The secondary effect of cold water is the same as hot water.

Dr. Magee: We use the douche constantly and get better results in this way than in any other. We apply it ourselves. In using hot water in the office never allow the patient to go out immediately or you will do more harm than good. Allow the part to resume its normal blood temperature. In lowered vitality hot water gives good results. Posture should be as near erect as possible, as it gives an easier circulation.

Dr. Coldren: Is hot water antiphlogistic?

Dr. Magee: Yes, sir.

Dr. McVey: I know of two cases where hot water was of advantage. The question between hot and cold water is a question of heat. Heat applied to lessened vitality may be good. There is too much of this water business; it's all a fad.

Dr. Minney, in closing, said: Where there is not enough vitality for reaction, cold is contraindicated. But if not contraindicated cold may do good. The ratio of heat to cold is 3:1. If heat will accomplish so much good, if improperly used it will do as much harm. Be afraid. If a patient is worth treating at all treat him yourself, and find out how much and how long it should be used. Also, if it will do good, the amount of force against the eyeball allowable, temperature, etc. Great harm is done by using poultices of hot water.

Those present were Drs. Magee, McVey, Ward, Sheldon, Coldren, Cloud, Lindsay, Frankenburger, Mitchell, Peers, Munn, Minney, Adams, Church, students McIntire and Vanderpool.

The meeting was adjourned until next month.

IT is strange that so many people adhere to the pollen theory of hay fever. The regular recurrence disproves rather than proves such a theory, for while the attack may recur at precisely the same day of the month for several years, plants are very seldom as regular. Any sort of dust is usually irritating, and perhaps plant dust more so, but it cannot be claimed as a cause of the disease. We suggest that a more careful study of the ethmoid and its relation be made in these cases.

INJECTIONS of serum from animals inoculated with erysipelas as a treatment for cancer has not met with a startling amount of success. Angerer reports five cases treated by Emmerich, but the treatment was soon abandoned in three, and in the other two there was after a short interval rapid extension and death. The method has not yet been given sufficient trial to make any definite claims for it, and so far the outlook is not very promising.

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Topeka, Kansas, Saturday, Aug. 24, 1895.

Weeds and Health.

"The sooner the people understand that the weeds must be cut the better. The health of the city demands it and the Board will see that it is done. The city attorney has informed us that the weeds may be declared a nuisance, and then legal proceedings may be taken to get rid of them.

"The weeds prevent the ground drying out and the odor from many of the kinds is disastrous to health. When they are cut they should be burned immediately, for if they are allowed to lie and decay there is another menace to public health. There will be much more sickness in Topeka than there is now if the weeds are not cut.

"The trouble is that the people do not realize the importance of this suggestion. They think that it will do no hurt if the few weeds in their yard or in front of their houses are allowed to grow, but they may be laying the foundation to a lengthy doctor's bill or something more serious. People are altogether too indifferent about matters connected with the public health, and the city Board will see what it can do to correct this indifference."

The above, which is reported by the *State Journal* as having come from the Topeka Board of Health, has a very ancient and familiar sound; in fact, it is the same solemn warning that has been launched at the people for years past by health boards all over the country. When cholera threatened, the weeds were ordered cut while the privies and cesspools, rank with their foul odors, were left untouched. When an epidemic of typhoid ravages the city the weeds receive the most careful attention, while foul, infected wells are still maintained and used by the people.

Let us ask for information, what particular class of diseases can be ascribed to growing weeds or other vegetation. It has been claimed that certain miasmatic diseases are caused by decaying vegetation, but that the growing vegetation is a source of disease germs strikes us as being very new. With the better understanding of the etiology of disease any definite relation between vegetable decomposition and disease germs has become a matter of serious question. The Board suggests that the weeds should be immediately burned, but most of us who have attempted to burn green weeds find it very difficult, and it is possible that the noxious fumes arising from such a process may be more injurious than the weeds themselves.

It has always been claimed that malaria was a result of decomposing vegetable matter. In low marshy countries malaria is usually prevalent. Such districts, however, when properly drained, have become practically free from the disease. A score of years ago Illinois was a hotbed of malaria, and marshes were found all over the country.

Draining by ditches and tiles has reclaimed the soil and eradicated the disease, but there is no less vegetation. Kansas is not a malarial country, yet what State can boast a greater variety or more fertile vegetation. There seems no justifiable reason why weeds should be more of a menace to health than corn or potatoes or other plants. Trees of many varieties are recognized as conducive to health; in fact, the great forests of the world cannot be called unhealthy. Plant life from a physiological standpoint is an important factor in the human economy. Many of them absorb impurities from the air, reorganize and reconstruct for use in their own vital processes the impurities of the soil.

From an aesthetic standpoint the weeds should certainly be kept trimmed down, but we can hardly see how it comes within the province of a scientific body organized and maintained for the preservation of public health.

A good nose and an observing eye might detect within the borders of our beautiful city some public as well as private nuisances that it is within the power of the Health Board to abate.

Municipal Sewerage.

The advantages of some sort of a sewerage system in all cities are readily appreciated, but it seems that there are so many points of perfection lacking in the ordinary system that it often seems a question if there is not more of danger than protection. One of the greatest dangers encountered in the ordinary sewer, and one to which thousands of lives have been sacrificed is the frequent obstruction and overflow. Houses connected with sewer mains often become hotbeds of disease simply on account of a defective trap or a stoppage in the pipe. The sewer trap most commonly used lacks a great deal of being safe unless the force of the flusher is very strong. With the average water pressure in most cities of 50,000 or 100,000 there is most certain to be more or less deposit of sewerage in the traps and sewer pipes and especially so in residences where the sewer is not flushed frequently. There must be decomposition and gas formed at such places in the pipe, and it is doubtful if the water in the trap will prevent the escape of either germs or gas. It is a frequent occurrence to find houses where the basement rooms are flooded with the backed up sewerage from an obstructed pipe. It is a common custom to use the public sewers for the purpose of street drainage, and cisterns are placed at the intersections of streets and alleys for this purpose. They are necessarily open, and usually the opening is from twelve to sixteen inches in diameter and in the great majority of these cisterns there is sufficient escape of gas to make them offensive to the entire neighborhood. They are separated from the mains by traps, but with the amount of air exposure furnished by the large opening it is not likely that the trap retains its water for any length of time, and then there is a free escape of gas and germs from the main. Such a sewerage system is a menace rather than a protection to the public health. We have seen these catch basins so foul that they could be detected for blocks.

The valve traps that are used in dwellings are good so long as they are in good repair, but unfortunately they receive little attention and soon become defective and foul. The large sewer traps, however, which depend for safety upon the water they contain are very uncertain and unsafe. Sewers which are used for street drainage and necessarily open should not at the same time be utilized for the sewerage of dwellings.

In some of the large cities of the world this system has been abandoned and vaults and earth closets are used. The contents of these are carried away at regular intervals by employes of the city. Where such a system can be carried out effectually it is much preferable to the present one. The fault may be due to careless construction, but it is seldom that a sewerage system is found which is not subject to these faults.

If wells could be entirely eradicated for drinking purposes, the old privy vault and

cesspool, if properly and often enough cleaned, are less dangerous to health than the average sewer.

IN the *Medico-Surgical Bulletin* of July 15 Dr. Maxwell writes that he can abort pneumonia with 4 grs. of quinine repeated every four hours. To physicians who have had much experience with pneumonia this statement will seem very questionable. Hardly a physician in the West can be found who has not at some time administered quinine in pneumonia, but we doubt if one can be found who places the confidence in it suggested by the author. A great many cases of aborted pneumonia would never have shown any further signs of the disease if left alone, and doubtless this class of cases can be reached by quinine as well as some other drug. The great variety of results with drugs is sometimes, we think, due to the variety of doctors. We have in mind a physician who tells all his patients suffering with a cold that they are threatened with pneumonia. Doubtless he could report hundreds of cases of aborted pneumonia. There is always too much room for question in aborting pneumonia as in aborting typhoid fever. Let's have a little more evidence of proper diagnoses before we accept these reports.

THE operation of castration for enlarged prostate is not receiving universal approbation, and it is hardly probable that any surgeon will have the hardihood to report his first "One hundred castrations."

Dr. Frank Lydston reports four cases going to show that the removal or the absence of the testes has no effect upon enlarged prostate. Of these he says: "They typify the condition existing in the incipient stage of a certain proportion of cases of prostatic hypertrophy at the time when the best effect would be expected from castration if all that is claimed for the operation is true." He admits that in a certain proportion of cases it may relieve, but in the typical prostatic hypertrophy no relief can be expected from castration.

Northwest Kansas Medical Association.

The following is the program of the meeting of the Northwest Kansas Medical Association, to be held at Wa-Keeney, Kas., Tuesday, September 3:

1. "Renal Calculi," Dr. J. W. Tulles.
2. "Intestinal Obstruction," Dr. A. B. Jones.
3. "Hysterectomy," Dr. J. C. McClintock.
4. "Scarlatina Puerperalis," Dr. W. F. Harvey.
5. "Hay fever," Dr. S. E. Sheldon.
6. "Tuberculosis," Dr. J. W. Robb.
7. "Lithotomy," Dr. W. F. Hall.
8. "Rheumatic Diseases," Dr. J. A. Norris.
9. "Typhoid Fever," Dr. Ed. Atkin.
10. A paper by Dr. H. Z. Hissem of Ellsworth, Kas.
11. Volunteer report of cases.

J. N. PAGE, M.D., *Sec'y-Treas.*

Douglass County Medical Society.

Editos Kansas Medical Jonrnal.

LAWRENCE, Kas., Aug. 20.—Last week cards were sent to the doctors of Lawrence and vicinity calling a meeting for the purpose of organizing a Douglas County Medical Society. Five members responded; enough to fill the offices. After organization it was unanimously voted unsectarian. We have everything represented but a cancer fake. Do you know where I can find a good one? I await your reply.

Yours truly,

W. S. BUNCE.

THE program for the Mississippi Valley Medical Association, which meets in Detroit September 3, indicates an especially interesting meeting. A large number of papers by some of the most prominent men in the profession are prominent. Those who have ever attended a meeting at Detroit know that they will be well entertained.

The Pocket Mareria Medica and Therapeutics.

A resume of the action and doses of all officinal and non-officinal drugs now in common use. By C. Henri Leonard, A.M., M.D., professor of the medical and surgical diseases of women and clinical gynecology in the Detroit College of Medicine; member of the American Medical Association, etc., etc. Second edition, revised and enlarged; cloth, large 16 mo., 367 pages, price, postpaid $1; Detroit, 1895: The Illustrated Medical Journal Co., publishers.

The second edition of this popular therapeutic work has had 67 pages added to it, besides typographical errors corrected, etc. A new and complete cross-index has been prepared, which renders the quick finding of a non-familiar drug possible. This is an important feature lacking in many ready-reference books. It is a "down-to-date book," and this with unique arrangement of its description of drugs and compounds secured for the first edition an order by cablegram for 1,000 copies from Bailliere, Tindall & Co., one of the largest medical publishing houses in London, a compliment rarely paid any American book. It has also been a yopular book with physicians, pharmacists and students on this side of the water, judging from the early exhaustion of the first edition.

The descriptive arrangement of the drugs is as follows: Alphabetically the drug, with its pronunciation (officinal or non-officinal standing indicated), genitive case-ending, common name, dose and metric dose. Then the English, French and German synonyms. If a plant, the part used, habitat, natural order, botanic description, with alkaloids, if any; if a mineral, its chemical symbol, atomic weight, looks, taste, how found, its peculiarities. Then the action and uses of the drug or compound, its antagonists, its incompatibles, its synergists and then antidotes. Then follow its officinal and non-officinal preparations with their medium and maximum doses. Altogether it is a handy volume for physiciar, druggist or student, and will be frequently appealed to if in one's possession. We believe it to be the most complete and exact of any of the books of its class now issued, and its moderate price is to be commended.

Dermatological Clinic at the University Medical College.

The tabulated statement given below of some but not all the cases shown the class of the University Medical College, Kansas City, session of 1894-95, by Prof. G. W. Davis, evidences the extent and variety of clinical dermatological teaching in that College:

Acne	20
Alopecia	5
Dermatitis, calorica	1
Dermatitis, medicamentos	3
Dermatitis, seborrhoicum	4
Ecthyma	7
Eczema	50
Epithelioma	2
Erythema	7
Favus	2
Herpes, facialis	1
Herpes, progenitalis	3
Ichthyosis	1
Impetigo, simplex	2
Impetigo, contagiosa	1
Keloid	1
Keratosis, Pilaris	1
Leucoderma	4
Lupus, erythematosis	1
Miliaria	1
Milium	3
Onychauxis	1
Pediculosis	1
Psoriasis	2
Pityriasis, rosea	1
Rubeola	3
Rosacea	2
Scabies	4
Seborrhœa	2
Sycosis	3
Syphilis	68
Tinea, circinata	1
Tinea, versicolor	2
Ulcers	20
Urticaria	5
Unclassified	5
Total	235

A New Surgical Operation.

The Post Graduate.

Recently, an operation was done at Prof. Kelsey's Clinic at the Post-Graduate Hospital, which, as far as we know, was original.

The case was one of those rare ones of chronic intussusception of the signoid flexure into the rectum, which are often suspected but seldom diagnosticated with certainty. The patient, a comparatively young man, complained of constant straining and tenesmus. He spent hours daily in trying to have a passage, never had any relief, and after being treated for months for "chronic proctitis," was finally referred to the clinic of Dr. Kelsey at the Post-Graduate Hospital.

An examination before the class without ether simply brought out the fact that there was no protrusion of the bowel on defecation, no hemorrhoids, no proctitis, but a distinct intussusception of the upper part of the rectum into the lower. The sulcus between the intussusceptum and the intussuscipiens was well marked, soft, movable, and not to be mistaken for an organic stricture.

An operation was proposed and submitted to. Under ether, the invagination was drawn down three inches outside of the anus, and although it then appeared very much like an ordinary case of prolapsus, the point of invagination could still be distinctly felt two inches within the sphincters.

A combined operation was done:

First, Van Buren's old operation for prolapsus was performed for the purpose of lightening the anus, causing artificial stenosis, and preventing any further protrusion.

Second, the abdomen was opened by the usual incision for colotomy. The sigmoid flexure was drawn upward into the wound to its utmost extent and stitched as securely as possible. Five silk sutures were passed through one of the longitudinal bands of the gut and through the abdominal wall, and the incision closed in the usual way. For two weeks the patient was compelled to have his passages in bed in the recumbent position. After this he was allowed free exercise.

Six weeks after the operation the patient was complaining of some tenesmus and a drawing, painful sensation at the site of the incision on defecation, but there had been no reappearance of the tumor.

Three months after the operation all of the old symptoms had disappeared.

The Pathology of Inflammation.

Maryland Medical Journal.

One of the most fascinating problems that has engaged the attention of both the older and modern school of pathologists, says the *International Journal of Surgery*, is that of the nature of the inflammatory process. While the majority of pathologists of the present day distinguish a simple or traumatic and an infective form of inflammation, there are others who consider the presence of micro-organisms as a *sine qua non* to the development of this process. In a scholarly article read before the late meeting of the American Surgical Association (*Medical News*) Prof. Roswell Park discussed this subject from the latter point of view, and insisted that the term inflammation should be confined exclusively to one distinct class of lesions, those produced by micro-organisms, and never to those other lesions into which the question of infectious micro-organisms does not enter, but that such lesions should have names based upon the pathological lesion. What is generally considered as a simple or traumatic inflammation, as, for instance, the synovitis following a severe sprain of the knee joint, he would regard as a process of hyperemia and congestion, and he would reserve the term inflammation for cases in which microbic infection had occurred, such as a purulent synovitis. Dr. Park also urged a more exact differentiation between the various substances known as pus, and suggested the following names: For material produced in the the course of an acute phlegmon, infectious, toxic, the old name "pus;" for mate-

rial from healthy granulating surfaces, or from raw tissues that have not yet had time to granulate, which is free from bacteria, and has no infectious or toxic properties, the name "pyoid" or "puruloid;" for the contents of old cold abscesses that have long since lost everything, except the grossest and crudest resemblance to the pus which they may originally have been—the name "archepyon." In the author's opinion, the nature of the inflammatory product affords a direct clue to the treatment. Real, genuine pus requires prompt evacuation; pyoid or purulent material calls for no special treatment except absolute cleanliness; while the presence of archepyon demands complete eradication of all infected tissue, including the so-called pyogenic membrane. Attention was also directed to the fact that the membrane of old or cold abscesses is pus protective and not pus producing, and that therefore it should be termed prophylactic and not pyogenic The ideal method of dealing with this membrane is complete removal; next to this, complete destruction by caustic agents; and in default of these the application of antiseptics and stimulating substances. We regret that lack of space prevents us from quoting further from this interesting article, which adds materially to our knowledge of the inflammatory process. The chief objection to Dr. Park's views is the difficulty of determining the presence or absence of micro-organisms in any given case, unless the formation of pus be considered as indicative of infection.

Europhen in Chronic Urethritis.

Alabama Medical Age.

In the treatment of catarrhal states of the mucous membranes, Europhen meets a number of important indications. It forms an adhesive protective covering over the affected surface, modifies the secretions, arresting profuse purulent discharge, and by virtue of its pronounced antiseptic qualities, prevents the growth of micro-organisms, and thereby acts against suppuration. These properties have been utilized with much advantage in inflammations of the mucous membranes of the nose and throat, and in these affections Europhen has proved a most serviceable addition to the rhinolaryngological materia medica. More recently attention has been directed to the beneficial effects of this remedy in that exceedingly obstinate affection—chronic urethritis. No better evidence can afforded of the difficulty of effecting a cure in these cases than the innumerable remedies recommended from time to time, of vegetable and minerable origin, and applied in the most diverse manner. Anything which promises to improve the prognosis of chronic urethral inflammation therefore deserves careful consideration, and for this reason the following remarks by Prof. W. F. Waugh cannot but prove of interest:

"When Hallemand discovered hyperesthesia of the prostatic urethra, he applied nitrate of silver to the affected membrane. Thousands of physician have followed his foot-steps, and many more have varied the practice by substituting other irritants. If there is a solitary salt of any known metal that has not been recommended for this hyperesthesia, or for the gleet that is frequently its cause, I am mistaken. Many of these I have myself employed; but on looking over my case books I do not find a single case of hyperesthesia that was at all benefited by any irritant. The steel sound has proved of use, although less than its early advocates claimed.

"The treatment of urethral stricture removes a source of irritation, and is always commendable. But when there is no stricture or other lesion, the hyperesthesia, and the impotence, vesical tenesmus, erethism, or various reflex symptoms proceeding from it, are most certainly relieved by application of Europhen. Mix forty grains of this powder with half an ounce of fluid petrolatum, and inject a few drops daily into the prostatic urethra. A week will suffice to work a cure."

DUBOISINE, tt is claimed, will invariably cause persistent loss of flesh and is also a sedative to the nervous system.

The Spleen as a Bactericide.

Henry S. Upson, in Medical News.

Recent progress in therapeutics lies in two directions: serotherapy and organic extracts. The latter must be divided into two classes: 1. The extracts of the class to which belong cerebin, medullin, cardein, etc., and, 2. the extracts of thyroid gland given in myxedema, and that of bone-marrow for pernicious anemia. The success of the latter class is assured. They doubtless act by imparting important constituents to the blood, which are probably supplied by these parts normally.

The organs specially connected with the blood are the thyroid gland, the bone-marrow, and the spleen. Of the splenic functions little more is known than was a short time age known of the thyroid. Some facts point strongly to the possibility of the spleen being an immunizing agent against certain diseases. While it may be true that the white cells are the agents that destroy bacteria in the body, it is certain that people live for years in malarial regions without contracting malaria, that some persons resist thyroid better than others, that most persons are exposed to tubercular infection, and when infected some succumb and many do not.

In these diseases—malaria, typhoid, acute tuberculosis, pneumonia, and other germ diseases—the spleen is markedly enlarged, as if over-stimulated in trying to throw off the disease. In diseases that are spontaneously cured, it is conceivable that the bacteria-killing substances are elaborated in the spleen. That malaria and tuberculosis are, to a degree, incompatible, tends to confirm this view. This is further supported by Davidson, in his "Geographical Pathology."

"The facts, therefore, seem to establish two of the conclusions arrived at by Lombard, first, that consumptives are less numerous in those districts where malaria is dominant than in those where it is less prevalent; second, that this inverse relation is not entirely explained by differences in climate."

The spleen, enlarged and abnormally active from its battle with malaria, easily overcomes the inroads of the tubercle bacillus. If the supplying of bactericides to the blood is the chief function of the spleen, then our ignorance of its function is obvious. Vaughan says: "It is certain that the spleen contains a germicidal substance, but whether we can extract it by the method of Hankin, we do not know." Clinically, we can administer spleen by the mouth or subcutaneously, in the form of an extract. With thyroid and bone-marrow, the former method is wonderfully successful.

To sum up: The spleen is enlarged in acute infectious diseases. Some men and certain species are immune; recovery takes place by germicides, produced in some part of the body, and they are probably elaborated in the spleen. The foregoing views are purely theoretical, but are given in advance of actual experiment in the hope that others will investigate the subject; the spleen of animals immune from the diseases experimented on should, as far as possible, be used. It might be administered in tuberculosis, malaria, and typhoid fever, and, perhaps, throw more light on the functions of the spleen, analogous to that which has been shown to belong to the thyroid gland.

The Beginning of Structural Disease.

Modern Medicine.

In the treatment of organic or structural diseases, as of the nervous system, the blood-vessels, and various vital organs, the fact is quite generally overlooked that the structural change is a consequence and not an actual disease. The real disease is the morbid process which has resulted in the tissue change. Nothing could be more unphilosophical than the limitation of the therapeutic efforts to such measures as may be supposed to be calculated to affect favorably the morbid structures. A rational mode of treatment must be based upon a recognition of the producing cause of the morbid

changes which have taken place.

The researches of Bouchard and other modern investigators have thrown great light upon this subject, and have placed upon more than probable grounds the theory that the presence in the blood and tissues of various morbid substances of a toxic character, such as uric acid and various leucomaines and ptomaines, originating in the tissues as the result of imperfect oxidation or absorbed from the alimentary canal wherein they are produced by microbic action and morbid digestive processes, constitutes the real morbid entity in a large number of organic or structural maladies, especially those of the nervous system and kidneys.

In the treatment of these affections, it is, then, of the utmost importance that the physician should look carefully after the processes of digestion and respiration. These are the two great means by which the blood is to be purified. The exclusion from the dietary of poisonous substances and of such food substances as readily undergo putrefactive processes in the alimentary canal, and the introduction of an increased quantity of oxygen whereby the poisons resulting from morbid tissue changes may be destroyed by oxidation, constitute the most important measures for combatting the onward march of an organic affection. Remedies of any sort, if aimed directly at the morbid tissue itself, will fail to accomplish anything more than temporary palliation, unless combined with measures which strike at the root of the disease. An ideal mode of treatment will necessarily include both classes of remedies.

Bacteriology and physiological chemistry are opening up for us almost daily new lines of thought, new methods of treatment and new possibilities of cure.

DR. BUTTS, in *London Lancet*, claims that fresh fruits are of great value in the treatment of dysentery. He recommends the seed fruits, especially such as strawberries, grapes, figs and tomatoes.

The Aseptic Treatment of Suppuration.

American Medico-Surgical Journal.

Zeidler, of St. Petersburg (*Centralb. f Chir.* No. 14, 1895). The author says that late experimentation seems to be exposed to all wound disinfection. Reichel concludes, after experimentation on animals, that even extensive phlegmonous processes can be controlled by sufficiently free incision, and the excision of pus-infiltrated active tissue, and subsequent tamponade of the wound. Disinfection of the wound is therefore absolutely unnecessary. For the past two years Reichel has simply wiped out the cavity with sterile gauze, and packed it loosely with iodoform gauze, and he is well satisfied with the results. This method is not new, as it has been practiced many times before the experimentation was conducted. The advocates of antisepsis in operative wounds generally consider antiseptics essential in the cases of infected wounds. The author gives the details of his experimental work since 1888, and now for the past few years the following procedure has been adopted as a result of this experimentation.

In infected wounds the field of operation is prepared as usual. Before and after the operative manipulation the wound is wiped out with sterile gauze. As a rule, no irrigation is employed. If, however, it is necessary to irrigate, a 0.6 p.c. sterile salt solution is employed, the wound is carefully tamponaded with sterilized gauze, and over this there is a layer of gauze, then wood-wool, etc. When the dressing is changed the skin around the wound is cleansed with ether or benzoin, and the granulating wound dressed with sterile gauze without irrigation. In most cases the dry dressing is all that is necessary, but sometimes a moist dressing is more useful. When this is necessary a saline solution is employed. He believes that moisture is the most important point, and disagrees with R ichel in the necessity of employing disinfectants.

Suppurating wounds with an abundant supply of blood-vessels are infected some-

times, especially where the suppuration is profuse, and a dressing with alum acetate is employed. The efficacy of this dressing is, however, not due to any antiseptic effect, but to its astringent character. He does not consider that iodoform gauze is of any value in the suppurating aseptic wounds. He has never seen a decomposition of the secretions absorbed by the dressings, although the lower layer of the dressing has not been altered for about eight days. It is essential that the dressing should be hygroscopic, and that there should be free evaporation from its surface.

He has succeeded in cultivating pus bacteria from these wounds immediately after disinfection, and he does not believe that disinfection of these wounds is ever successful, while his results with the aseptic treatment have been very satisfactory, in fact, decidedly better than with vigorous antisepsis. Using this dressing, the local process in healing is much better, the secretion is diminished, the development of granulations proceeds normally, and these are not very exuberant, nor inclined to bleed, as is so frequently seen after the use of iodoform gauze. The dressing is only changed about once in eight days, and as long as care is taken to supply drainage, the course of the wound is perfectly normal. He therefore concludes that the very best treatment of suppurative processes is free opening and free drainage, and that disinfection of the wound is not only entirely unnecessary, but even injurious.

The One Reliable Specific.

Medical Reprints, London.

Dr. William Richard Goodfellow, M.R.C.S., Roche, Cornwall, England, L.S.A. (London Hospital, surgeon Roche and St. Anstell United Mines), says:

"I have used in practice the preparation known as Succus Alterans, and have much pleasure in bearing testimony to its great value. For diseases having their origin in in a syphilitic source, I believe Succus Alterans to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives. I shall continue to rely on the Succus Alterans in all cases I have indicated herein.

DR. R. E. MCVEY reports the use of phenacetine in two cases of puerperal convulsions with success. In each case a single dose of 15 gr. was administered. Profuse sweating was produced, and there were no more convulsions though unconsciousness continued for some time. The teeth were forced apart and the dose given per orem. This was followed by large doses of saline cathartics. Recovery was rapid in both cases.

DR. STEWART reports that he was relieved of a severe and prolonged attack of sneezing by injecting well back into the nostril some spirits of camphor. This treatment, which he says was suggested to him by an old lady patient, gave him complete relief. There was quite a good deal of smarting at first, but he stopped sneezing and his head soon felt clear.

DR. DELEE, of Chicago, reports a case of fœtal hiccough and presents numerous statistics to show that this as well as other intra-uterine sounds and movements have been observed. He also reviews the case of Reubold, where peculiar sounds were observed and immediately after delivery the child began to suck its thumb, which organ showed signs of previous use, and the conclusion that the sounds were produced by the child sucking its thumb in utero.

DR. MARY V. CHURCH has been appointed secretary of the Topeka Academy of Medicine and Surgery to fill the vacancy occasioned by the resignation of Dr. L. M. Powell.